

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/519030

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
<input checked="" type="checkbox"/> Other <i>Paymud for search</i>			\$ 400
	7 TOTAL AMOUNT OF REFUND	\$ 1	

10 REASON:

Treasury Check

Overpayment

Credit Deposit A/C #:

Duplicate Payment

9 03-1935

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

Winston Adams

National Stage Processing

Patent Specialist

OFFICE:

(703) 265-6421

PHONE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: